**Name of County:**
In the box beneath **Name of County,** type the name of the county applying for grant funding, example Adams County.

A-1)  Applicant Information - Complete each field with the requested basic agency information.

County(ies) Served: –Type the county or counties your agency serves within the fillable field indicated. Example, Wabash Valley Regional serves Knox and Pike counties. Type in Knox & Pike.

Advisory Board Chair Name,  Advisory Board Chair Mailing Address, City, Zip, Advisory Board Chair Phone, and Advisory Board Chair Email Address – Type the requested  information in the designated fillable field.

Auditor Name,  Auditor Mailing Address, City, Zip, Auditor Phone, and Auditor Email Address – Type the requested information in the designated fillable field.

Total Funds Requested:– Enter the combined total from each agency the county is requesting for the fiscal year.

Advisory Board Roster
This section is required.  If you have an existing document listing the advisory board members or need additional space than what is provided, type in Line 1 "See Attachment A". Label the attachment as such.

**Section I: Community Corrections**

Applicant Information - Complete each field with the requested basic agency information.

County(ies) Served: –Type the county or counties your agency serves within the fillable field indicated. Example, Wabash Valley Regional serves Knox and Pike counties. Enter Knox & Pike

Physical Street Address of Agency, City, Zip, Agency Phone, Director Name, and Director Email Address– Type the requested  information in the designated fillable field.

Year of Inception as a Grant County - Type the requested  information in the designated fillable field.

Community Corrections Funds Requested – Enter the total amount of funding being requested by the community corrections agency. For this fiscal year, do not include the base amount as it has already been contracted. This is additional funding requested as a result of HEA 1006.

#1.  Include your agency's Mission and Vision statement.

#2.  Type in or "cut and paste" your agency's current Strategic Plan.  If you have an existing document and  want to include it as an attachment, please type "See Attachment (Next Sequential Alpha Character)."

**Staffing Inventory-**Insert, list, or attach the staffing organization chart for the agency. Include number of current filled positions in the chart. If an attachment, please type "See Attachment (Next Sequential Alpha Character)."

**Client Assessment of Risk and Needs** -Required Section.  If you use any additional assessments, please indicate the assessment type.  If no additional assessments are used, select none.  For the Agency Administering the Assessment, either type your agency's name or the outside agency conducting the assessment. Type the requested  information in the designated fillable field.

**Client Monitoring Services** -Completion required for 1 – 5. Type the requested  information in the designated fillable field.

**Evidence Based Programs & Criminogenic Interventions-**Required Section. For each provider name indicated, please type the name of your agency or referral agency. Under Criminogenic Risk/Need, you may select more than one area and indicate the specific programming  provided in letter "c" for each provider.

**Community Partnerships-** List any community partnerships your agency has with local organizations and describe  those partnerships.

**Implementation and use of Evidence Based Practices (EBP).** -This is a required section.  Please provide detailed information on how your organization utilizes the 8 principles of EBP.

**Community Corrections Levels of Supervision/Components-**These sections are mandatory.  Please complete each section in its entirety. If not applicable, please type "not applicable" in the designated field.

*\*Note\* Even if Agency does not have utilized Forensic Diversion component, a Forensic Diversion Plan must be included in the application as required by statute.*

**Section II: Probation**

**Applicant Information** - Fill in each field with the requested basic agency information.

County(ies) Served: –Type the county or counties your agency serves within the fillable field indicated. Example, Wabash Valley Regional serves Knox and Pike counties. Enter Knox & Pike

Physical Street Address of Agency, City, Zip, Agency Phone, Chief Probation Officer's Name, and Chief Probation Officer's Email Address– Type the requested  information in the designated fillable field.

Probation Funds Requested – Enter the total amount of funding the agency is requesting.

#1.  Include your agency's Mission and Vision statement.

#2.  Type in or "cut and paste" your agency's current Strategic Plan.  If you have an existing document and want to include it as an attachment, please type "See Attachment (Next Sequential Alpha Character)."

**Staffing Inventory-**Insert, list, or attach the staffing organization chart for the agency. Include number of current filled positions in the chart. If an attachment, please type "See Attachment (Next Sequential Alpha Character)."

**Client Assessment of Risk and Needs** -Required Section.  If you use any additional specialized assessments, please  indicate the assessment type.  If no additional assessments are used, select none.  For the agency administering the assessment, either type your agency's name or the name of the referral agency conducting the  assessment. Type the requested  information in the designated fillable field.

**Client Monitoring Services** -Completion required for 1 – 5. Type the requested  information in the designated fillable field.

**Implementation and use of Evidence Based Practices (EBP).** -This is a required section.  Please provide detailed information on how your organization utilizes the 8 Principles of Effective Intervention to include, but not limited to evidence based programming, supervision by risk levels, case planning, rewards and sanctions, etc.

**Community Partnerships-** List any community partnerships your agency has with local organizations and describe  those partnerships.

**Level of Supervision-** Required section. Please fill out the requested information in the fillable fields.

**Section III: Prosecutor's Diversion**

**Applicant Information** - Fill in each field with the requested basic agency information.

County(ies) Served: –Type the county or counties your agency serves within the fillable field indicated. Example, Wabash Valley Regional serves Knox and Pike counties. Enter Knox & Pike

Physical Street Address of Agency, City, Zip, Agency Phone, Contract Name, and Contract Email Address– Type the requested information in the designated fillable field.

Year of Inception as a Grant County - Type the requested information in the designated fillable field.

Prosecutor Diversion Funds Requested – Enter the total request agency is requesting.

#1. Include your agency's Mission and Vision statement.

#2. Type in or "cut and paste" your agency's current Strategic Plan. If you have an existing document and want to include it as an attachment, please type "See Attachment (Next Sequential Alpha Character)."

**Staffing Inventory-**Insert, list, or attach the staffing organization chart for the agency. Include number of current filled positions in the chart. If an attachment, please type "See Attachment (Next Sequential Alpha Character)."

**Client Assessment of Risk and Needs** -Required Section. If you use any additional assessments, please indicate the assessment type. If no additional assessments are used, select none. For the agency administering the assessment, either type your agency's name or the referral agency conducting the assessment. Type the requested information in the designated fillable field.

**Client Monitoring Services** -Completion required for 1 – 5. Type the requested information in the designated fillable field.

**Implementation and use of Evidence Based Practices (EBP).** -This is a required section. Please provide detailed information on how your organization utilizes the 8 Principles of Effective Interventions to include, but not limited to evidence based programming, supervision by risk levels, case planning, rewards and sanctions, etc.

**Community Partnerships-** List any other community partnerships your agency has with local organizations and describe those partnerships.

**Levels of Supervision-** Required section. Please fill out the requested information in the fillable fields.

<u>**Section IV: Court Recidivism Reduction Program**</u>

**<u>Applicant Information</u>** - Fill in each field with the requested basic agency information.

<u>County(ies) Served:</u> –Type the county or counties your agency serves within the fillable field indicated. Example, Wabash Valley Regional serves Knox and Pike counties. Enter Knox & Pike

<u>Physical Street Address of Agency, City, Zip, Agency Phone, Contract Name, and Contract Email Address</u>– Type the requested  information in the designated fillable field.

<u>Year of Inception as a Grant County -</u> Type the requested  information in the designated fillable field.

<u>Court Recidivism Reduction Program Funds Requested</u> – Enter the total amount of funding being requested by the agency.

#1.  Include your agency's Mission and Vision statement.

#2.  Type in or "cut and paste" your agency's current Strategic Plan.  If you have an existing document and want to include it as an attachment, please type "See Attachment (Next Sequential Alpha Character)."

**<u>Staffing Inventory-</u>**Insert, list, or attach the staffing organization chart for the agency. Include number of current filled positions in the chart. If an attachment, please type "See Attachment (Next Sequential Alpha Character)."

**<u>Client Assessment of Risk and Needs</u>** -Required Section.  If you use any additional specialized assessments, please  indicate the name of the assessment.  If no additional assessments are used, select none.  For the agency  administering the assessment, either type your agency's name or the name of the referral agency conducting the  assessment. Type the requested  information in the designated fillable field.

**<u>Client Monitoring Services</u>** -Completion required for 1 – 5. Type the requested  information in the designated fillable field.

**<u>Implementation and use of Evidence Based Practices (EBP).</u>** -This is a required section.  Please provide detailed information on how your organization utilizes the 8 Principles of Effective Interventions to include, but not limited to evidence based programming, supervision by risk levels, case planning, rewards and sanctions, etc.

**<u>Community Partnerships-</u>** List any other community partnerships your agency has with local organizations and describe  those partnerships.

**<u>Levels of Supervision-</u>** Required section. Please fill out the requested information in the fillable fields.

**Deadline for grant submission is no later than 9/18/2015.** A late or incomplete application may be rejected.

The preferred method for receiving the grant application is via email at doccommcorr@idoc.in.gov.

You may hand deliver or mail the completed application to the attention of your regional program director at:

Community Corrections Division
C/O Indiana Department of Correction
302 W. Washington St. Rm. E-334
Indianapolis, IN 46204

| **Central Region –**<br>**Debbie Braun** | **Northern Region –**<br>**Kristen Banschbach** | **Southern Region –**<br>**Christianna Griffin** |
| --- | --- | --- |
| Boone | Adams | Bartholomew |
| Clay | Allen | Brown |
| Clinton | Blackford | Clark |
| Delaware | *Cass-Pulaski | Daviess |
| Fayette | Dekalb | Dubois |
| Hamilton | Elkhart | Floyd |
| Hancock | Fulton | Gibson |
| Hendricks | Grant | Greene |
| Henry | Howard | *Hoosier Hills |
| Johnson | Huntington | *Jackson/Jennings |
| Madison | Jasper | Jefferson |
| Marion | Kosciusko | Lawrence |
| Morgan | Jay | Martin |
| Owen | Lake | Monroe |
| Putnam | Laporte | Perry |
| Randolph | Miami | Posey |
| Rush | Noble | Scott |
| Shelby | *Northeast Regional | *Southeast Regional |
| Sullivan | Porter | Spencer |
| Tippecanoe | St. Joseph | Vanderburgh |
| Tipton | Starke | *Wabash Valley Regional |
| Union | Wabash | Warrick |
| Vigo | Wells | |
| Wayne | White | |
| *West Central Regional | Whitley | |